

<i>SERFF Tracking Number:</i>	<i>CEUL-127709871</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Central United Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>50245</i>
<i>Company Tracking Number:</i>	<i>AR_MMGROR_2011</i>		
<i>TOI:</i>	<i>H16I Individual Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16I.005C Individual - Other</i>
<i>Product Name:</i>	<i>Pool/Group MMGR/OR</i>		
<i>Project Name/Number:</i>	<i>MMGR/OR/</i>		

Filing at a Glance

Company: Central United Life Insurance Company

Product Name: Pool/Group MMGR/OR

SERFF Tr Num: CEUL-127709871 State: Arkansas

TOI: H16I Individual Health - Major Medical

SERFF Status: Closed-Approved-Closed
Closed

Sub-TOI: H16I.005C Individual - Other

Co Tr Num: AR_MMGROR_2011 State Status: Approved-Closed

Filing Type: Rate

Reviewer(s): Rosalind Minor

Authors: Allie Zhou, Cindy Hu,
Norma Flores, Janett Turcios

Disposition Date: 11/16/2011

Date Submitted: 11/11/2011

Disposition Status: Approved-Closed

Implementation Date Requested: On Approval

Implementation Date: 01/01/2012

State Filing Description:

General Information

Project Name: MMGR/OR

Status of Filing in Domicile: Pending

Project Number:

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Individual Market Type:

Overall Rate Impact: 12%

Filing Status Changed: 11/16/2011

State Status Changed: 11/16/2011

Deemer Date:

Created By: Janett Turcios

Submitted By: Allie Zhou

Corresponding Filing Tracking Number:

PPACA: Grandfathered Immed Mkt Reforms

PPACA Notes: null

Filing Description:

An actuarial study of our business in this line has revealed that our current rates are inadequate to support our experience. We have included the required Actuarial Memorandum detailing the actuarial analysis of our experience.

The Company is requesting a 12% rate increase. The increase will be applied uniformly to all policyholders within the state.

We appreciate the Department's time and consideration in the review of this filing.

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Company and Contact

Filing Contact Information

Cindy Hu, Rates Supervisor	chu@manhattanlife.com
Wortham Tower	713-821-6450 [Phone]
2727 Allen Parkway	713-529-9425 [FAX]
Suite 500	
Houston, TX 77019-2100	

Filing Company Information

Central United Life Insurance Company	CoCode: 61883	State of Domicile: Arkansas
Wortham Tower	Group Code: 117	Company Type:
2727 Allen Parkway	Group Name:	State ID Number:
Suite 500	FEIN Number: 42-0884060	
Houston, TX 77019-2100		
(713) 529-0045 ext. [Phone]		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	Yes
Fee Explanation:	Rate = \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Central United Life Insurance Company	\$50.00	11/11/2011	53682419

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	11/16/2011	11/16/2011

Objection Letters and Response Letters

Objection Letters				Response Letters		
Status	Created By	Created On	Date Submitted	Responded By	Created On	Date Submitted
Pending Industry Response	Rosalind Minor	11/14/2011	11/14/2011	Allie Zhou	11/14/2011	11/14/2011

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Disposition

Disposition Date: 11/16/2011
 Implementation Date: 01/01/2012
 Status: Approved-Closed
 HHS Status: HHS Approved
 State Review: Reviewed by Actuary
 Comment:

We have approved a 7% level rate increase on your submission. The approval is subject to the following conditions:

1. Rate increases will not be given prior to the first annual anniversary date of any policy.
2. After the first annual anniversary date of any policy, increases will not be given more frequently than once in a twelve (12) month period.
3. All increases in rates, other than a change in age or an individual moving to another geographical area, must be submitted to our Department for approval.

Company Name:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Central United Life Insurance Company	12.000%	12.000%	\$424	1	\$3,533	12.000%	12.000%
	Percent Change Approved:						
	Minimum:	7.0%	Maximum:	7.0%	Weighted Average:		7.0%

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Health - Actuarial Justification	Approved-Closed	No
Supporting Document	Rate Summary Worksheet	Approved-Closed	No
Supporting Document	Consumer Disclosure Form	Approved-Closed	No
Rate	Rate Sheet	Approved-Closed	Yes
Rate	Rate Sheet	Approved-Closed	Yes

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Objection Letter

Objection Letter Status Pending Industry Response
Objection Letter Date 11/14/2011
Submitted Date 11/14/2011

Respond By Date

Dear Cindy Hu,

This will acknowledge receipt of the captioned filing.

Objection 1

- Health - Actuarial Justification (Supporting Document)

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the current state of the economy and the fact that this block of business has continually received rate increases, we will consider no more than 7% rate increase. If you wish to accept the 7%, please attach the rates reflecting the 7%.

We appreciate your understanding and cooperation.

A.C.A. 23-79-109(1)-(5) sets forth the procedure by which filings may be deemed approved upon the expiration of certain time periods with no affirmative action by the commissioner. If the commissioner determines that additional information is needed to make a decision regarding approval, such request for information will be made to the company. The filing will not be considered complete until said additional information is received. The time periods set forth in this statute will not begin to run until the filing is complete.

Please feel free to contact me if you have questions.

Sincerely,

Rosalind Minor

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Response Letter

Response Letter Status Submitted to State
Response Letter Date 11/14/2011
Submitted Date 11/14/2011

Dear Rosalind Minor,

Comments:

Response 1

Comments: We will lower our rate increase to 7%. Please find our revised rate sheet attached below. Thank you.

Related Objection 1

Applies To:

- Health - Actuarial Justification (Supporting Document)

Comment:

It is the primary mission of the Arkansas Insurance Department to protect consumers.

Given the current state of the economy and the fact that this block of business has continually received rate increases, we will consider no more than 7% rate increase. If you wish to accept the 7%, please attach the rates reflecting the 7%.

We appreciate your understanding and cooperation.

Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate/Rule Schedule Item Changes

Document Name:	Affected Form Numbers:	Rate Action:	Rate Action Information:	Attach Document:
Rate Sheet	N76XX	Revised	Previous State Filing Number	Percent Rate Change Request

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7

Sincerely,
Allie Zhou, Cindy Hu, Janett Turcios, Norma Flores

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Rate Information

Rate data applies to filing.

Filing Method:	SERFF
Rate Change Type:	Increase
Overall Percentage of Last Rate Revision:	10.000%
Effective Date of Last Rate Revision:	11/01/2010
Filing Method of Last Filing:	SERFF

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	# of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where required):	Minimum % Change (where required):
Central United Life Insurance Company	Increase	12.000%	12.000%	\$424	1	\$3,533	12.000%	12.000%
Product Type:	HMO	PPO	EPO	POS	HSA	HDHP	FFS	Other
Covered Lives:								1
Policy Holders:								1

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Rate Review Details

COMPANY:

Company Name:	Central United Life Insurance Company
HHS Issuer Id:	00000
Product Names:	Major Medical
Trend Factors:	

FORMS:

New Policy Forms:	
Affected Forms:	N76XX
Other Affected Forms:	

REQUESTED RATE CHANGE

INFORMATION:

Change Period:	Annual
Member Months:	18
Benefit Change:	Increase
Percent Change Requested:	Min: 12.0 Max: 12.0 Avg: 12.0

PRIOR RATE:

Total Earned Premium:	831,784.00
Total Incurred Claims:	1,204,533.00
Annual \$:	Min: 3,533.00 Max: 3,533.00 Avg: 3,533.00

REQUESTED RATE:

Projected Earned Premium:	1,432,815.00
Projected Incurred Claims:	1,732,003.00
Annual \$:	Min: 3,957.00 Max: 3,957.00 Avg: 3,957.00

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Rate/Rule Schedule

Schedule Item Status:	Document Name:	Affected Form Numbers: (Separated with commas)	Rate Action: Action:*	Rate Action Information:	Attachments
Approved-Closed 11/16/2011	Rate Sheet	N76XX	Revised	Previous State Filing Number: Percent Rate Change Request: 12.000	AR_Exh B - Rates.pdf
Approved-Closed 11/16/2011	Rate Sheet	N76XX	Revised	Previous State Filing Number: Percent Rate Change Request: 7.000	AR_Exh B - Rates (7%).pdf

Exhibit B

Current and Proposed Premiums

Pool Group MMGR/OR Rate Sheet

As of 06/30/2011

Block	Forms	State	Policy	Annu Prem	Inc. %	Proposed Prem
50	N76XX	AR	0500176572	3533.04	12%	3,957.00
	State	AR	1	3,533	12%	3,957
	Avg. Prem			3,533		3,957
	United States		495	1,599,124	12%	1,791,019
	Avg. Prem			3,231		3,618

Exhibit B

Current and Proposed Premiums

Pool Group MMGR/OR Rate Sheet

As of 06/30/2011

Block	Forms	State	Policy	Annu Prem	Inc. %	Proposed Prem
50	N76XX	AR	0500176572	3533.04	7%	3,780.35
	State	AR	1	3,533	7%	3,780
	Avg. Prem			3,533		3,780
	United States		495	1,599,124	7%	1,711,062
	Avg. Prem			3,231		3,457

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Supporting Document Schedules

		Item Status:	Status Date:
Satisfied - Item:	Health - Actuarial Justification	Approved-Closed	11/16/2011
Comments:			
Attachments:			
2011_AR_Cover Letter.pdf			
AJ AR MM 2011.pdf			
AR_NAIC Transmittal Document.pdf			
AR_Exh A - Form List.pdf			
AR_Exh B - Rates.pdf			
AR_Exh C - RI History.pdf			
AR_Act Cert.pdf			
AR_PPACA Approval.pdf			
		Item Status:	Status Date:
Bypassed - Item:	Rate Summary Worksheet	Approved-Closed	11/16/2011
Bypass Reason:	grandfathered plan.		
Comments:			
		Item Status:	Status Date:
Bypassed - Item:	Consumer Disclosure Form	Approved-Closed	11/16/2011
Bypass Reason:	N/A		
Comments:			